



## Application for Business Cash Advance

VIP CREDIT CARD SERVICES AND PAYMENT SOLUTIONS

480-777-5677 \* 1-888-847-4445 Office  
1-888-847-4456 Fax  
[info@vipccs.com](mailto:info@vipccs.com)

From: \_\_\_\_\_  
Date: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

Business Name: \_\_\_\_\_  
Business Type: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Business Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

### Please submit:

- ✓ “The 3 Minute Merchant Application”
- ✓ 3 months previous bank statements
- ✓ 4 months previous credit card processing statements

Fax to **1-888-847-4456**

Pages: \_\_\_\_ (including cover)

A VIP sales representative will contact you within 24 business hours to confirm and finalize your application.  
Thanks for choosing VIP Payment Solutions as your service provider.  
We look forward to speaking with you soon.



# The 3 Minute Merchant Application



Fax to:

# 1-888-847-4456

### MERCHANT INFORMATION:

Legal Business Name: \_\_\_\_\_ DBA Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Ttl Monthly Sales (cc & cash): \_\_\_\_\_ Type of Business: \_\_\_\_\_ Years in Business: \_\_\_\_\_ Business Open Date: \_\_\_\_\_

Time Remaining on Site Lease/Mort.: \_\_\_\_\_ Landlord/Agent Name: \_\_\_\_\_ Landlord/Agent Phone#: \_\_\_\_\_

Number of Locations: \_\_\_\_\_ 9-Digit Federal Tax ID number:  Is your business for sale? Yes  No

Amount Requested: \_\_\_\_\_ Have you ever filed for bankruptcy? Yes  No

Intended Use of Cash Advance: \_\_\_\_\_ Do you have any federal or state tax liens? Yes  No

Have you previously had a cash advance? Yes  No  If yes, please supply payoff confirmation. Is your business seasonal? Yes  No

### CREDIT CARD PROCESSOR INFORMATION:

Current Processor: \_\_\_\_\_ Merchant Account Number: \_\_\_\_\_

Terminal Type currently used: \_\_\_\_\_ Number of Terminals at Location: \_\_\_\_\_

Length of Time with Current Processor: Years \_\_\_\_\_ Months \_\_\_\_\_

### PRINCIPAL OWNER INFORMATION:

Principal Owner Name: \_\_\_\_\_ Social Security Number:  D.O.B.: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ % Ownership \_\_\_\_\_

How Long at Home Address: \_\_\_\_\_ Number of years at previous home address: \_\_\_\_\_ Estimated Current Annual Income \$ \_\_\_\_\_

2nd Owner Name: \_\_\_\_\_ Social Security Number:  D.O.B.: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ % Ownership: \_\_\_\_\_

How Long at Home Address: \_\_\_\_\_ Number of years at previous home address: \_\_\_\_\_ Estimated Current Annual Income \$ \_\_\_\_\_

### PLEASE SUBMIT THE FOLLOWING WITH YOUR APPLICATION:

\_\_\_\_ COMPLETED THREE MINUTE APPLICATION    \_\_\_\_ YOUR LAST FOUR (4) MONTHS OF VISA/MASTERCARD STATEMENTS  
 \_\_\_\_ YOUR LAST THREE (3) MONTHS OF BANK STATEMENTS

NPC Sales Group #: S3379/2234 NPC Sales Group Name: \_\_\_\_\_

Sales Rep #: \_\_\_\_\_ Sales Rep Name: \_\_\_\_\_